

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10 / 522410**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	(1)					
4	(1)					
5	(1)					
6	(1)					
7		1				
8		1				
9	(1)					
10	(1)					
11	(1)					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	10	↔		↔		↔
TOTAL CLAIMS	11	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.				↔		
TOTAL DEP.			↔			↔
TOTAL CLAIMS			↔		↔	↔